

10/527655 PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing      **OR**       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	OM02-01
First Named Inventor	MINER, Edwin Odell
<b>COMPLETE IF KNOWN</b>	
Application Number	PCT/US03/30385
Filing Date	25 Sep 2003
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ANTISEPTIC SOLUTIONS CONTAINING SILVER CHELATED WITH POLYPECTATE AND EDTA**

*(Title of the Invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  PCT/US03/30385 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px;"> </span>	OR <input checked="" type="checkbox"/> Correspondence address below
Name <u>Angus C. Fox, III</u>			
Address <u>4093 N. Imperial Way</u>			
City <u>Provo</u>		State <u>UT</u>	ZIP <u>84604-5386</u>
Country <u>U.S.</u>	Telephone <u>801-225-9000</u>	Fax <u>801-224-7447</u>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:  <i>Edwin Odell</i>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Edwin Odell</u>		Family Name or Surname <u>Miner</u>	
Inventor's Signature <i>Edwin Odell Miner</i>			Date <u>14 Mar 2005</u>
Residence: City <u>Provo</u>	State <u>UT</u>	Country <u>U.S.</u>	Citizenship <u>U.S.</u>
Mailing Address <u>4605 North 650 East</u>			
City <u>Provo</u>	State <u>UT</u>	Zip <u>84604</u>	Country <u>U.S.</u>
NAME OF SECOND INVENTOR:  <i>Craig Norman Eatough</i>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Craig Norman</u>		Family Name or Surname <u>Eatough</u>	
Inventor's Signature <i>Craig Norman Eatough</i>			Date
Residence: City <u>Provo</u>	State <u>UT</u>	Country <u>U.S.</u>	Citizenship <u>U.S.</u>
Mailing Address <u>1641 West 1825 North</u>			
City <u>Provo</u>	State <u>UT</u>	Zip <u>84604</u>	Country <u>U.S.</u>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

**BEST AVAILABLE COPY**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	PCT/US03/30385
<b>Filing Date</b>	25 Sep 2003
<b>First Named Inventor</b>	Miner, Edwin Odell
<b>Title</b>	ANTISEPTIC SOLUTIONS CONTAINING...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	OM02-01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: \_\_\_\_\_

OR

Practitioner(s) named below:

Name	Registration Number
Angus C. Fox, III	31,828

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Angus C. Fox, III
Address	4093 N. Imperial Way	
City	Provo	State UT
Country	U.S.	
Telephone	801-225-9000	Fax 801-224-7447

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Edwin Odell Miner</i>	Date	14 Mar 2005
Name	Edwin Odell Miner	Telephone	801-226-3272
Title and Company	Co-Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REST AVAILABLE COPY

MAR 2005

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	PCT/US03/30385
<b>Filing Date</b>	25 Sep 2003
<b>First Named Inventor</b>	Miner, Edwin Odell
<b>Title</b>	ANTISEPTIC SOLUTIONS CONTAINING...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	OM02-01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:  

OR

Practitioner(s) named below:

Name	Registration Number
Angus C. Fox, III	31,828

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Angus C. Fox, III	
Address	4093 N. Imperial Way		
City	Provo	State	UT
Country	U.S.		
Telephone	801-225-9000	Fax	801-224-7447

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Craig Norman Eatough</i>	Date	14 Mar 2005
Name	Craig Norman Eatough	Telephone	801-373-8647
Title and Company	Co-Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**EST AVAILABLE COPY**